

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

County of Maricopa State Index No. 1346  
City of Miami County Registrar No. 581  
or Miami Local Registrar No. \_\_\_\_\_  
Full name of child Reyes Garcia (If born in a hospital or institution, give its NAME instead of street and number)  
Sex M Date of birth July 22 1922  
Month July Day 22 Year 1922  
4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes  
7. Date of birth \_\_\_\_\_  
8. FATHER Full name Reyes Garcia 14. MOTHER Full maiden name Franklinia Gomez  
9. Residence (Usual place of abode) Brown Canyon 15. Residence (Usual place of abode) Brown Canyon  
If not, give place and state Miami, Ariz If nonresident, give place and state Miami, Ariz  
10. Color Mexican 16. Color or race Mexican  
11. Age at last birthday 35 (Years) 17. Age at last birthday 36 (Years)  
12. Birthplace (city or place or country) La Blanca Zacatecas 18. Birthplace (city or place or country) Concepcion Zacatecas Mexican  
13. Occupation Pool hall 19. Occupation none  
Nature of industry \_\_\_\_\_  
20. Were precautions taken against ophthalmia neonatorum? yes  
21. Were precautions taken against ophthalmia neonatorum? yes  
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ on the date above stated.  
(Born alive or stillborn.)  
Signature Juana Martinez (Physician or midwife)  
Address Clay Pool  
Filed Aug 31 1924  
Month, day, year. \_\_\_\_\_  
Registrar. \_\_\_\_\_  
County Registrar. B. G. Dixon